

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				<i>Complete If Known</i>	
				Application Number	10/635,862
				Filing Date	August 5, 2003
				First Named Inventor	Michael J. DeLuca
				Art Unit	2622
				Examiner Name	Giles, Nicholas G.
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Examiner Signature	/Nicholas Giles/	Date Considered	05/13/2009
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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